41		THE DIV	ISION OF HE	ALTH OF MISSOU	iri		10505
FILED JA	N 20 1951	STANDA	ARD CERTIF	ICATE OF DEA	ATH :	State File No	13585
BIRTH NO.		REG. DIST. !	ю. <u>149</u>	PRIMARY REG. DIST.		Registrar's No	
a. COUNTY JAC				2. USUAL RESID a. STATEMISSOU	ENCE (Where dece RI	rued lived. If inet b. COUACKSC	itution: residence befor M admission)
OR KANS	AS CITY 1 R	URAL and give township)	c. LENGTH OF STAY (In this place	c. CITY (If outside cor OR KANSA		RAL and give town	108
d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in bospital or in GENERAL HOS	SPITAL #2	address or location)	d. STREET ADDRESS 140	(If rural, give locati 2½ East 18	th Street	3000
NAME OF DECEASED (Type or Print)	a. (First) UEBEN	b.	(Middle)	c. (Last) NOLAN	4. DATE OF DEATH	(Month) DECEMBER	(Day) 19 <sup>(Year)</sup>
	COLOR OR RACE NEGRO	7. MARRIED, NE SINGLE	MODOCO No. 14 h	8. date of birth	pot k	NOWN IF UNDER	
AT HOME	ON (Give kind of working life, even if retired)			11. BIRTHPLACE (State TGOMERY COUNT	or foreign country) Y, TEXAS	75 yrs.	12. CITIZEN OF WHAT COUNTRY?
NOT KNOWN		Not 1	OTHER'S MAIDEN		14. NAME OF HL	SBAND OR WIF	
5. WAS DECEASED EV Yes, no. or unknown)			CIAL SECURITY NO.	17. INFORMANT' S.P. MITCHEL	s signature L 1907 Br	or name ooklyn Av	ADDRESS enu <b>e</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I, DISEASE OR CO			ERTIFICATION SIVE HEART DI	SEASE		INTERVAL BETWEEN ONSET AND DEATH
This does not mean he mode of dying, such to heart failure, asthenia, tc. It means the dis- ase, injury, or complica-	ANTECEDENT CA  Morbid conditions rise to the above ca the underlying cau	i, if any, giving Du wise (a) stating ise last.	E TO (b)		<del> </del>	- -	· -
on which caused death.	II. OTHER SIGNIF Conditions contrib- related to the diseas		NS MALN	UTRITION NT SYPHILIS			443 10
9a. DATE OF OPERA- TION	19b. MAJOR FIND	INGS OF OPERAT	rion			-	20. AUTOPSY?
1a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJU		21c. (CITY, TOWN, OR	TOWNSHIP)	(COUNTY)	(STATE)
Id. TIME (Moath OF INJURY	) (Day) (Year) (I	Elour) 21e. INJU WHILE AT WORK	URY OCCURRED NOT WHILE AT WORK	21f. HOW DID INJURY	OCCUR?		
2. I hereby certify, alive on	that I attended to	te deceased from , and that dec	m <u>11–25</u> th occurred at	50 , to 12- 1100P m., from th	7—, 150 se causes and on	, 1 0000	saw the deceased above.
23a. 910 11 DE	James		(Degree or title)	23b. ADDRESS 600 East	22nd Stre	et	23c, DATE SIGNED
Aa. BURIAL, CREMITION, REMOVAL (Breat)	[ 1-9-9T	24c. N	r 📤 . D	- 16 1 1	24d. LOCATION (CI	so like	v. 200
DATÉ REC'D BY LOCA REC'D 2-3/-5/	L REGISTRAR'S SI	IGNATURE Léne Hor	lmes .	25 FUNERAL DIRECT	TORYS SIGNATUR	TE AS	C. Mo.
	7	(Lice	nsed Embalmer's S	tatement on Reverse, Side	•)		-

Duplicate certificate made 1-12-51

STATEMENT BY	' LICENSED	<b>EMBALMER</b>

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by........

working under my personal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.